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Distinct receptor binding and function of VEGF-C and VEGF-D

Differential Receptor Binding and Regulatory Mechanisms for the Lymphangiogenic Growth Factors
VEGF-C and VEGF-D

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ABSTRACT

VEGF-C² and VEGF-D are secreted glycoproteins that induce angiogenesis and lymphangiogenesis in cancer, thereby promoting tumor growth and spread. They exhibit structural homology and activate VEGFR-2 and VEGFR-3, receptors on endothelial cells that signal for growth of blood vessels and lymphatics. VEGF-C and VEGF-D were thought to exhibit similar bioactivities, yet recent studies indicated distinct signalling mechanisms, e.g. tumor-derived VEGF-C promoted expression of the prostaglandin biosynthetic enzyme COX-2 in lymphatics, a response thought to facilitate metastasis via the lymphatic vasculature, whereas VEGF-D did not. Here we explore the basis of the distinct bioactivities of VEGF-D using a neutralizing antibody, peptide-mapping and mutagenesis to demonstrate that the N-terminal α -helix of mature VEGF-D (F93 to R108) is critical for binding VEGFR-2 and VEGFR-3. Importantly, the N-terminal part of this α -helix, from F93 to T98, is required for binding VEGFR-3, but not VEGFR-2. Surprisingly, the corresponding part of the α -helix in mature VEGF-C did not influence binding to either VEGFR-2 or VEGFR-3, indicating distinct determinants of receptor binding by these growth

factors. A variant of mature VEGF-D harbouring a mutation in the N-terminal α -helix, D103A, exhibited enhanced potency for activating VEGFR-3, was able to promote increased COX-2 mRNA levels in lymphatic endothelial cells and had enhanced capacity to induce lymphatic sprouting *in vivo*. This mutant may be useful for developing protein-based therapeutics to drive lymphangiogenesis in clinical settings such as lymphedema. Our studies shed light on the VEGF-D structure/function relationship and provide a basis for understanding functional differences compared to VEGF-C.

INTRODUCTION

VEGF-C and VEGF-D are secreted protein growth factors that induce proliferation and sprouting of endothelial cells lining blood vessels and lymphatic vessels, and promote angiogenesis and lymphangiogenesis in developing tissues and pathologies such as cancer (1-4). They induce metastasis in animal models of cancer, exhibit expression patterns in a range of human cancers that correlate with parameters of tumor development, and are considered potential targets for therapeutics designed to restrict tumor growth and spread (5-17). VEGF-C and VEGF-D may

also play roles in suppressing the immune response to cancer. For example, tumor-derived VEGF-C and associated lymph node lymphangiogenesis suppressed anti-tumor immunity in a murine melanoma model; this type of immunomodulatory effect, involving an immunosuppressive function of lymphatic endothelial cells (LECs), may be relevant for design of future immunotherapeutic strategies for cancer (18,19). In other disease settings, VEGF-C and VEGF-D are being explored in approaches to drive therapeutic angiogenesis and/or lymphangiogenesis for cardiovascular medicine and lymphedema (9,20,21).

Both VEGF-C and VEGF-D are initially produced as precursor proteins comprising N- and C-terminal propeptides flanking a central VEGF homology domain (VHD) containing binding sites for VEGFR-2 and VEGFR-3, cell surface receptors on endothelial cells that signal for angiogenesis and lymphangiogenesis (22-24). Proteolytic processing can remove the propeptides to generate mature VEGF-C and VEGF-D, which activate VEGFR-2 and VEGFR-3 thus driving the growth of blood vessels and lymphatics (25-31).

Broadly, VEGF-C and VEGF-D are thought to exhibit similar receptor binding specificities and biological activities. However, recent findings suggested there may be differences in the structure/function relationships for these two growth factors. For example, it has been reported that the choice of the N-terminal processing site for production of mature VEGF-D can profoundly influence receptor specificity (32), whereas there has been no such report for VEGF-C. Further, studies in mouse models of cancer showed that VEGF-C produced by tumor cells promoted expression of COX-2 (an enzyme involved in the biosynthesis of prostaglandins) in the endothelial cells of collecting lymphatic vessels, whereas VEGF-D did not, indicating that these growth factors may exhibit distinct regulatory mechanisms for promoting metastasis via the lymphatic vasculature (5). Differences in the functions of VEGF-C and VEGF-D are important from the perspective of cancer biology given that these growth factors can exhibit distinct patterns of expression in human tumors (8,33). For example, VEGF-C has been reported to be up-regulated in head and neck cancer versus normal epithelium whereas VEGF-D expression is down-regulated

(34); conversely VEGF-D, but not VEGF-C, was reported to be an independent predictor of poor outcome in epithelial ovarian carcinoma (35).

The crystal structures of mature human VEGF-C bound to portions of VEGFR-2 and VEGFR-3 have been reported (36,37), and the crystal structure of a variant of mature human VEGF-D (VEGF-D C117A) has been determined (32). However, there have been no reports of structures for VEGF-D in complex with either VEGFR-2 or VEGFR-3, so the structural determinants important for the interaction of VEGF-D with its receptors remain to be fully characterized. Here we identify amino acid residues in the N-terminal α -helix of mature VEGF-D that are critical for receptor binding and the bioactivities of this protein. We show that the comparable region of VEGF-C is not a key determinant of receptor binding, which indicates divergent mechanisms for receptor interactions in VEGF-C versus VEGF-D. Our findings have potential clinical significance for developing monoclonal antibodies to block VEGF-D in cancer, and for optimizing protein growth factors to promote therapeutic lymphangiogenesis and lymphatic remodeling to treat lymphedema and inflammatory conditions.

RESULTS

Mapping the binding site in VEGF-D of an antibody that blocks interactions with VEGFR-2 and VEGFR-3—We previously employed a neutralizing monoclonal antibody (mAb) to mature human VEGF-D, designated VD1, to identify part of the binding site in VEGF-D for VEGFR-2 and VEGFR-3. The region thus identified, ¹⁴⁷NEESL¹⁵¹, was located in the L2 loop on the pole of the VEGF-D monomer (38). In order to identify other regions of VEGF-D critical for receptor interactions and the distinct biological activities of this growth factor, we assessed a panel of commercially-available and in-house VEGF-D mAbs for neutralizing capacity in bioassays of binding and cross-linking of VEGFR-2 and VEGFR-3. These assays employed cell lines expressing chimeric receptors consisting of the entire extracellular domain of VEGFR-2 or VEGFR-3 and the trans-membrane and cytoplasmic domains of the mouse erythropoietin receptor (25). Binding and cross-linking of the chimeric receptors allows these cells to survive

and proliferate in the absence of interleukin-3 (IL-3). This analysis demonstrated that the commercially-available mAb 286 blocks binding and cross-linking of both VEGFR-2 and VEGFR-3 by a form of mature human VEGF-D previously designated VEGF-D Δ N Δ C (22) (Figure 1A). The neutralizing VD1 mAb was included as a positive control, which blocked binding and cross-linking of both receptors by VEGF-D Δ N Δ C, as reported previously (39). The VD4 mAb, which binds VEGF-D Δ N Δ C but does not block the interactions of this ligand with VEGFR-2 or VEGFR-3, was also included and had no effect on receptor binding and cross-linking in the bioassays, as expected (39).

We mapped the binding site of mAb 286 by ELISA using a synthetic peptide library covering the amino acid sequence of VEGF-D Δ N Δ C (Figure 1B). Positive signals were detected for interactions of mAb 286 with three peptides which had the sequence $_{95}$ DIETLKVID $_{103}$ in common. This sequence is located near the N-terminus of VEGF-D Δ N Δ C and lies in the N-terminal α -helix of mature VEGF-D (32). To confirm these findings, we generated mutants of VEGF-D Δ N Δ C with each residue in the $_{95}$ DIETLKVID $_{103}$ region individually converted to alanine. The interaction of these mutants with mAb 286 was monitored by Western blotting and ELISA which demonstrated that various residues in this region are important for binding this mAb. For example, mutation of either D95 or T98 to alanine completely abrogated binding to mAb 286 as assessed by Western blotting (Figure 1C) and almost completely abrogated binding in the ELISA (Figure 1D). Mutation of E97, L99, K100 or D103 to alanine reduced binding to mAb 286 as assessed by both methods, but not to the same degree as D95 or T98. These findings confirm the importance of the $_{95}$ DIETLKVID $_{103}$ region in the N-terminal α -helix of mature VEGF-D for the interaction with mAb 286. Our results also show that targeting this region of mature VEGF-D with a mAb can prevent this growth factor from binding and cross-linking VEGFR-2 and VEGFR-3.

Identification of residues in the N-terminal α -helix critical for receptor activation—The data presented above indicate that mAb 286 blocks the interactions of VEGF-D with VEGFR-2 and VEGFR-3 by binding to the N-terminal α -helix of

mature VEGF-D. However, it was not known if this mAb binds the same or overlapping sites on VEGF-D as these receptors, or if binding occurs at distinct sites and the neutralizing effect of the mAb is due to steric hindrance. To explore the importance of specific amino acid residues in the N-terminal α -helix of mature human VEGF-D for receptor binding and activation, we studied VEGF-D mutants in which each residue from position 93 to 108 had been individually altered to alanine (see Figure 2A for locations of these residues). We tested binding of VEGF-D Δ N Δ C variants to both VEGFR-2 and VEGFR-3 in receptor-binding ELISAs and in bioassays of receptor binding and cross-linking. These data showed that alteration to alanine of each of the residues from F93 to T98, i.e. the first six residues of the structure shown in Figure 2A, had no effect on the interaction with VEGFR-2 (Figure 2B and C, left panels), while for VEGFR-3, alteration of Y94 to alanine led to a dramatic decrease of receptor binding and cross-linking (Figure 2B and C, right panels). Similar loss of VEGFR-3 binding and cross-linking was seen with the L99A mutant, and this mutant also exhibited decreased binding and cross-linking of VEGFR-2. Likewise, alteration of residues C-terminal to L99, that reduced VEGFR-3 binding and cross-linking (e.g. I102A, E105A and W106A), also reduced binding and cross-linking of VEGFR-2. Interestingly, the D103A mutant exhibited enhanced binding and cross-linking of VEGFR-3, but not VEGFR-2, compared to VEGF-D Δ N Δ C. We also analysed the capacity of selected VEGF-D mutants to activate VEGFR-2 and VEGFR-3 on human adult lymphatic endothelial cells (AdLECs) by monitoring tyrosine phosphorylation of these receptors (Figure 2D). The results were consistent with the ELISAs and bioassays, i.e. Y94A promoted phosphorylation of VEGFR-2, but not VEGFR-3, whereas L99A, I102A, E105A and W106A were unable to promote pronounced phosphorylation of either receptor.

The VEGF-D Δ N Δ C variants studied above had been tagged at the N-terminus with the FLAG octapeptide, in relatively close proximity to the N-terminal α -helix, to facilitate purification and quantitation. To confirm that the effects on receptor binding and activation we observed were not influenced by the FLAG-tag, we analysed the Y94A, K100A and I102A mutations in the setting of an altered form of VEGF-D Δ N Δ C that lacked

the FLAG tag. Analysis of these mutants in bioassays and receptor phosphorylation assays showed the same profile of receptor binding, cross-linking and activation as for the corresponding FLAG-tagged mutants (Figure 3). These findings indicate that the FLAG tag in the VEGF-D Δ N Δ C variants did not influence the results of our receptor interaction studies.

The data described above demonstrate that residues in the N-terminal α -helix of mature human VEGF-D are critical for binding VEGFR-2 and VEGFR-3, as well as mAb 286. Hence this mAb interacts with a region of VEGF-D that overlaps part of the binding sites for these receptors. The data also suggest that the N-terminal portion of this α -helix (i.e. from F93 to T98) is more important for the binding of VEGF-D to VEGFR-3 than to VEGFR-2.

Distinct receptor-binding determinants in the N-terminal α -helices of mature VEGF-D and VEGF-C—Comparison of the amino acid sequences of the N-terminal α -helices in mature human VEGF-C and VEGF-D indicates a high degree of homology between these regions with multiple residues that are important for the interaction of VEGF-D with VEGFR-2 and/or VEGFR-3 being conserved in VEGF-C, i.e. Y94, L99, I102, E105 and W106 (Figure 4A). To compare the role of the α -helices in receptor binding we generated a series of mutants of VEGF-C Δ N Δ C and VEGF-D Δ N Δ C in which different parts of these regions were converted to alanine residues (these mutants are defined in Figure 4A). These mutants were tested for their ability to activate VEGFR-2 and VEGFR-3 by monitoring tyrosine phosphorylation of these receptors.

Mutation to alanine of all six residues N-terminal to L99 (designated “6Ala”) in VEGF-D Δ N Δ C did not alter the capacity to promote tyrosine phosphorylation of VEGFR-2 (Figure 4B, left panel). However, additional alteration of either L99 (“7Ala”) or both L99 and K100 (“8Ala”) to alanine prevented VEGFR-2 phosphorylation. Notably, exchange of only F93, Y94 and D95 to alanine (“3Ala”) in VEGF-D Δ N Δ C was sufficient to prevent phosphorylation of VEGFR-3 (Figure 4B, right panel). In contrast, for VEGF-C Δ N Δ C, alanine exchange of the three, five, six, seven or eight residues N-terminal to S121 (“3Ala”, “5Ala”, “6Ala”, “7Ala” or “8Ala”,

respectively) did not have any pronounced effect on phosphorylation of either VEGFR-2 or VEGFR-3 (Figure 4C). Likewise, a mutant of VEGF-C Δ N Δ C in which residues 113 to 121 had been deleted (designated “ Δ 9”), induced phosphorylation on tyrosine of both VEGFR-2 and VEGFR-3, as did two mutants lacking residues 113 to 115 or 113 to 118 (designated “ Δ 3” and “ Δ 6”, respectively) (Figure 4D). These three mutants also promoted binding and cross-linking of the extracellular domains of VEGFR-2 and VEGFR-3 as assessed in bioassays (Figure 4D).

Our studies of receptor phosphorylation shown in Figure 4 indicate that the N-terminal region of mature VEGF-D, from residues F93 to T98, is critical for the activation of VEGFR-3, but not VEGFR-2. Surprisingly, residues in the homologous region of VEGF-C, i.e. from H113 to K120, are not critical for the activation of either VEGFR-2 or VEGFR-3 by this ligand.

Key residues for driving proliferation and migration of LECs are distributed differently in the N-terminal α -helices of mature VEGF-D and VEGF-C—The variants of mature human VEGF-D described above provided the opportunity to assess the importance of residues in the N-terminal α -helix for the biological activities of this growth factor. Furthermore, given that these variants exhibited distinct receptor-binding specificities, they could also be used to assess the role of VEGFR-2 and VEGFR-3 in the bioactivities of VEGF-D. We focussed on the proliferation and migration of LECs because these processes are required for the remodelling of lymphatics in cancer which in turn promotes metastatic spread via the lymphatic vasculature (1). Migration of neonatal human dermal microvascular LECs was monitored in a scratch wound assay - see Experimental Procedures for details of the protocol. As expected, VEGF-D Δ N Δ C, which activates VEGFR-2 and VEGFR-3, promoted both proliferation and migration of LECs; these effects of VEGF-D were blocked by mAb 286 (Figure 5A-C). In contrast, VEGF-D Δ N Δ C variants Y94A, 3Ala, 5Ala and 6Ala, all of which activate VEGFR-2 but not VEGFR-3, promoted proliferation but not migration of LECs (Figure 5A-C). Moreover, VEGF-D Δ N Δ C variants L99A, 7Ala and 8Ala, which do not activate either VEGFR-2 or VEGFR-3, did not promote either proliferation or migration of LECs. VEGF-

CANAC, like VEGF-DANAC, promoted both proliferation and migration of LECs in these assays. But in contrast to VEGF-D, the 3Ala, 5Ala, 6Ala, 7Ala and 8Ala variants of VEGF-CANAC (which activate both VEGFR-2 and VEGFR-3) all promoted proliferation and migration of LECs (Figure 5A-C). These data further confirm that the N-terminal region of mature VEGF-D, from residues F93 to T98, is a critical determinant of biological activity whereas this is not the case for the homologous region of mature VEGF-C. Our findings also emphasize the importance of VEGFR-2 signalling for proliferation of LECs, and of VEGFR-3 signalling for migration of these cells.

Enhancing the capacity of VEGF-D to activate VEGFR-3 promotes expression of COX-2 in LECs—The VEGF-D variant D103A exhibited stronger activity than VEGF-DANAC in assays of binding, cross-linking and tyrosine phosphorylation of VEGFR-3 (Figure 2B-D). To explore this further we titrated D103A and VEGF-DANAC in the bioassays of VEGFR-2 and VEGFR-3 binding and cross-linking. This analysis confirmed that D103A was more potent in the VEGFR-3 bioassay than VEGF-DANAC, whereas these two proteins exhibited comparable potency in the VEGFR-2 bioassay (Figure 6A). The data in Figures 2B-D and 6A show that the D103A mutant of VEGF-DANAC allows assessment of the functional consequences of specifically enhancing the capacity of mature VEGF-D to activate VEGFR-3.

It was previously shown in an animal model of cancer that tumor-derived VEGF-C promoted expression of COX-2 in the endothelial cells of collecting lymphatic vessels whereas VEGF-D did not, indicating distinct molecular mechanisms by which these two growth factors promote metastasis via lymphatics (5). Likewise, when AdLECs were treated *in vitro* with 100 ng/ml of VEGF-CANAC and VEGF-DANAC, only the former induced higher levels of mRNA for COX-2 as assessed by quantitative RT-PCR (Figure 6B). Treatment with the 3Ala variant of VEGF-CANAC, which activates VEGFR-2 and VEGFR-3, also increased levels of COX-2 mRNA in AdLECs. In contrast, the L99A variant of VEGF-DANAC, which exhibits decreased binding to both VEGFR-2 and VEGFR-3, did not alter the level of COX-2 mRNA nor did treatment with the

3Ala variant of VEGF-DANAC which activates VEGFR-2 but not VEGFR-3. Unexpectedly, treatment of LECs with the D103A variant of VEGF-DANAC was able to induce increased levels of COX-2 mRNA, in contrast to VEGF-DANAC (Figure 6B). This indicates that enhancing the potency of VEGF-D for VEGFR-3 activation promotes the capacity of this growth factor to drive increased expression of COX-2 by LECs.

In order to explore why VEGF-CANAC at 100 ng/ml promoted COX-2 expression in LECs but VEGF-DANAC did not, we conducted titrations of these ligands in this assay, and in the bioassay of VEGFR-3 binding and cross-linking. This showed that VEGF-CANAC is approximately ten-fold more potent than VEGF-DANAC for binding and cross-linking VEGFR-3, and for inducing COX-2 expression (Figure 6C). These data demonstrate that VEGF-DANAC can induce increased expression of COX-2 in LECs, but only at higher ligand concentrations than for VEGF-CANAC. Overall, these findings show that the potency of VEGF family ligands for activating VEGFR-3 correlates with the capacity to promote expression of COX-2 in LECs.

Enhancing the capacity of VEGF-D to activate VEGFR-3 promotes lymphatic sprouting—We assessed the D103A variant of VEGF-DANAC in a model of sprouting lymphangiogenesis in the ears of mice, to monitor *in vivo* effects of specifically enhancing the capacity of VEGF-D to activate VEGFR-3. This model involves delivery of VEGF-D to initial lymphatics in the dermis of adult skin via intradermal injection in the presence of Matrigel (see Experimental Procedures). Treatment with VEGF-DANAC led to lymphatic vessels with more sprouts and a larger mean width than the PBS negative control (Figure 6D); the increase in mean vessel width was statistically significant. Notably, the D103A variant induced a very large number of sprouts on lymphatics, statistically significantly more than those induced by VEGF-DANAC. However, the mean width of lymphatics in ears treated with D103A was comparable to those treated with VEGF-DANAC. These data indicate that the D103A mutant is advantageous for promoting lymphangiogenic sprouting *in vivo*. This finding is consistent with our data showing that this variant drives enhanced migration and

proliferation of LECs *in vitro*, compared to VEGF-DΔNΔC (see Fig. 5A and B) – both of these processes would be required for lymphatic sprouting based on analogy to angiogenic sprouting (40). These findings suggest that the D103A variant of VEGF-DΔNΔC may be useful for promoting therapeutic lymphangiogenesis designed to enhance lymphatic function in disease settings.

DISCUSSION

This study explores the molecular basis underlying functional differences between VEGF-C and VEGF-D. The starting point was to better define the interaction of VEGF-D with its receptors given that, in contrast to VEGF-C, there have been no reports of structures for VEGF-D in complex with either VEGFR-2 or VEGFR-3. We used the neutralizing VEGF-D mAb 286 to identify a region of this growth factor, in the N-terminal α -helix of the mature form, which is important for receptor binding. Some of the single alanine substitutions we generated in the mAb 286 binding epitope prevented binding of VEGF-D to VEGFR-2 and VEGFR-3 indicating that mAb 286 targets a region required for receptor binding rather than acting via steric hindrance. We identified an amino acid residue in the α -helix, Y94, that is critical for activating VEGFR-3 but not VEGFR-2, and showed that residues L99, I102, E105 and W106 are important for binding both receptors. Surprisingly, the region of VEGF-C homologous to residues F93 to K100 of VEGF-D (i.e. VEGF-C residues H113 to K120) is not required for binding VEGFR-2 or VEGFR-3, nor for VEGF-C to drive proliferation or migration of LECs. This is supported by our observation that a mutant of mature VEGF-C, in which residues 113 to 121 were deleted, is able to activate VEGFR-2 and VEGFR-3. These findings show that an N-terminal portion of the α -helix in mature VEGF-D (T92 to T98) is important for binding VEGFR-3 but not VEGFR-2 whereas the remainder of this helix (L99 to T109) is important for binding both receptors. In contrast, the corresponding N-terminal portion of the α -helix in mature VEGF-C (H113 to S121) is dispensable for binding either receptor. It has been shown that some residues (e.g. D123, W126 and R127) in the remainder of the α -helix of mature VEGF-C (I122 to T129) are important for binding VEGFR-2 and/or VEGFR-3

(36,37). These observations raise the possibility of post-translational regulatory mechanisms targeting the N-terminal portions of the α -helices that could exert distinct effects on the receptor-binding specificities and biological activities of VEGF-C and VEGF-D.

Cleavage of the C-terminal propeptide from the VHD of VEGF-D occurs after residue R205 (25). Two forms of mature VEGF-D can then be generated by two distinct cleavage events that remove the N-terminal propeptide, one giving rise to an N-terminus at F89 (VEGF-D₈₉₋₂₀₅), the other at K100 (VEGF-D₁₀₀₋₂₀₅) (25). Our results suggest that these two derivatives exhibit different receptor binding specificities – VEGF-D₈₉₋₂₀₅ would activate both VEGFR-2 and VEGFR-3 whereas VEGF-D₁₀₀₋₂₀₅ would not activate VEGFR-3. Further, our data on the importance of L99 for the VEGFR-2 interaction suggest that VEGF-D₁₀₀₋₂₀₅ would exhibit reduced binding and activation of VEGFR-2 compared to VEGF-D₈₉₋₂₀₅. These predictions are broadly consistent with a previous study showing that a variant of VEGF-D₈₉₋₁₉₅, with a C117A mutation, could activate both VEGFR-2 and VEGFR-3 (32). In contrast, a C117A variant of VEGF-D₁₀₀₋₁₉₅ was barely able to bind and cross-link the VEGFR-3 extracellular domain in bioassays and exhibited much weaker potency for activating VEGFR-3 than the C117A variant of VEGF-D₈₉₋₁₉₅. The VEGF-D₁₀₀₋₁₉₅ variant exhibited lower potency for binding and cross-linking of the VEGFR-2 extracellular domain compared to the VEGF-D₈₉₋₁₉₅ variant, as expected based on our data, but was able to activate this receptor. The capacity of this VEGF-D₁₀₀₋₁₉₅ variant to activate VEGFR-2, in contrast to the L99A mutant reported here, may in part be due to the C117A mutation which can increase the bioactivity of VEGF-D (the comparable mutation in VEGF-C has similar effects) (41-44). Overall, it is clear that the choice of site at which the N-terminal propeptide is cleaved influences receptor-binding specificity of the resulting mature form of VEGF-D.

Proteolytic cleavage of VEGF-C to remove the N-terminal propeptide was previously reported to occur at two distinct sites immediately after residue 102 or 111 (29). These sites are some considerable distance N-terminal to residues in the α -helix of mature VEGF-C important for receptor binding (e.g. D123 and R127) (36,37), so the

choice between these sites is unlikely to alter the receptor-binding specificity of mature VEGF-C. However, it has recently been reported that incubation of VEGF-C *in vitro* with high concentrations of plasmin leads to cleavage of the N-terminal propeptide between residues 127 and 128, thus removing almost the entire N-terminal α -helix of mature VEGF-C and generating a protein incapable of activating VEGFR-3 (45). In contrast, more limited exposure to plasmin generated VEGF-C able to activate VEGFR-3 (28,45), although the cleavage site involved has not been reported. Hence it is possible that distinct sites could be used for cleavage of the N-terminal propeptide *in vivo* leading to different receptor specificities for the resulting forms of mature VEGF-C. The locations of the cleavage sites in VEGF-C and VEGF-D utilized in cancer and other pathologies have not yet been systematically investigated.

The importance of VEGFR-3 signaling for sprouting lymphangiogenesis is supported by our findings that mutants of VEGF-D Δ N Δ C deficient for VEGFR-3 activation (but which could activate VEGFR-2), e.g. Y94A, 3Ala, 5Ala and 6Ala, were unable to promote migration of LECs in contrast to VEGF-D Δ N Δ C. Further, the D103A mutant, which has increased potency for binding and cross-linking VEGFR-3, had enhanced capacity to promote sprouting of lymphatics *in vivo* compared to VEGF-D Δ N Δ C. These findings are consistent with previous reports that mature VEGF-C, which binds both VEGFR-2 and VEGFR-3, can potently induce lymphatic sprouting and lymphangiogenesis, and that VEGFR-3-specific variants of VEGF-C or VEGF-D also promote lymphangiogenesis (32,46). The VEGF-D Δ N Δ C variants Y94A, 3Ala, 5Ala and 6Ala were able to promote proliferation of LECs *in vitro* and enlargement of lymphatic vessels *in vivo* which is consistent with the notion that VEGFR-2 signaling promotes lymphatic vessel enlargement, as proposed previously (47). Our data also suggest that VEGFR-3 activation is important for driving increased levels of COX-2 mRNA in LECs which is relevant to tumor biology given that COX-2 can be important for tumor-associated lymphangiogenesis, dilation of collecting lymphatic vessels and metastatic spread (5,48). Both VEGF-C Δ N Δ C and the D103A mutant of VEGF-D Δ N Δ C, which exhibit enhanced potency for activating VEGFR-3 compared to

VEGF-D Δ N Δ C, also exhibited enhanced potency for inducing increased COX-2 expression in LECs compared to VEGF-D Δ N Δ C. This suggests that the potency of a VEGF ligand for activating VEGFR-3 is an important determinant of its potency for driving enhanced COX-2 expression in LECs. An alternative explanation for these findings is that VEGF-C Δ N Δ C, and the D103A mutant of VEGF-D Δ N Δ C, can engage co-receptors or other signalling molecules in LECs (2,49) that facilitate up-regulation of COX-2 expression, whereas VEGF-D Δ N Δ C cannot or does so less effectively. The mechanistic role of COX-2 in tumor lymphangiogenesis, and the potential involvement of this protein in lymphatic sprouting, are important issues that require further investigation in *in vitro* and *in vivo* models of lymphatic remodelling.

Our data complement a previous study, employing an alternative neutralizing VEGF-D mAb, that identified a region of loop L2 of mature VEGF-D (N147 to L151) as critical for binding both VEGFR-2 and VEGFR-3 (38). The importance of this region in loop L2 for receptor interactions, as well as of the α -helix as indicated here, is consistent with the crystal structure of VEGF-C in complex with regions of VEGFR-2 and VEGFR-3 (36,37). In particular, the VEGF-C/VEGFR-2 complex allowed identification of an interface on VEGF-C, important for binding VEGFR-2, consisting of the N-terminal α -helix and the region of loop L2 from N167-L171. This region of loop L2 in VEGF-C is homologous to residues N147 to L151 in loop L2 of VEGF-D. Thus the same region of loop L2 is important for both VEGF-C and VEGF-D to bind receptors. The α -helix is also critical but our data shows that the distribution of residues in the helix that are important for the VEGFR-3 interaction is different in VEGF-C and VEGF-D.

There is considerable interest in therapeutically targeting VEGF-C and/or VEGF-D in the clinic to block their action and thereby restrict angiogenesis, lymphangiogenesis or vascular leakage in cancer, macular degeneration and other conditions (9,50-53). The VEGF-D mAb 286 characterised here, which blocks the binding and cross-linking of VEGFR-2 and VEGFR-3 by VEGF-D as well as the proliferation and migration of LECs induced by VEGF-D, could facilitate development of therapeutic monoclonal

antibodies that block the action of VEGF-D, or of bispecific antibodies that target both VEGF-D and VEGF-C. Such therapeutic antibodies could potentially be used in human cancer to restrict tumor angiogenesis, lymphangiogenesis and lymphatic remodelling, and thereby inhibit tumor growth and spread. Conversely, the delivery of VEGF family growth factors into tissues has the potential to promote therapeutic angiogenesis or lymphangiogenesis for treating cardiovascular conditions, lymphedema and inflammatory diseases (9,50,54-60). Our finding that the D103A mutant of mature VEGF-D exhibits enhanced potency for VEGFR-3 could be of clinical significance as this protein, or derivatives thereof, could potentially be used therapeutically to drive lymphangiogenesis and lymphatic remodelling in lymphedema and inflammatory conditions. The aim of this approach would be to promote enhanced lymphatic function that has already been shown to be beneficial in clinically relevant animal models of these conditions (59,61). Development of clinical agents designed to modulate the function of lymphatic vessels may have impact in multiple prevalent human diseases and is a high priority for the future.

EXPERIMENTAL PROCEDURES

Monoclonal antibodies—Monoclonal antibody (mAb) 286 was from R&D Systems (Minneapolis, MN, USA) and VD1 (a neutralizing VEGF-D mAb) and VD4 (a mAb that binds, but does not neutralize, VEGF-D) have been described previously (39).

Protein constructs—VEGF-D Δ N Δ C is a recombinant form of mature human VEGF-D that contains residues 93-201 of this growth factor, and is N-terminally tagged with the FLAG octapeptide (22,25). Likewise, VEGF-C Δ N Δ C is a form of mature VEGF-C containing residues 102-229 tagged with FLAG at the N-terminus. Recombinant human VEGFR-2- and VEGFR-3-Fc chimeras (catalogue numbers 357-KD-050 and 349-F4-050, respectively) were from R&D Systems (Minneapolis, MN, USA).

Site-directed mutagenesis—Mutations of VEGF-C and VEGF-D were made in the regions ₁₁₃HYNTEILKSIDNEW₁₂₇ and ₉₃FYDIETLKVDEEWQR₁₀₈, respectively. Single mutations or mutations of multiple residues were introduced into constructs encoding FLAG-tagged

or untagged VEGF-C Δ N Δ C or VEGF-D Δ N Δ C by amplification with specifically designed primers (see Supplementary Table 1 for primers). All mutations were confirmed by nucleotide sequencing.

Protein expression and purification—Plasmids encoding VEGF-C Δ N Δ C, VEGF-D Δ N Δ C or their variants were used for transient transfection of 293-F cells with the FreeStyle™ MAX 293 Expression System according to manufacturer's instructions (Invitrogen, Carlsbad, CA, USA). Cells expressing each variant were cultured in serum-free medium, and 30 ml of conditioned media were collected 7 days post-transfection and used for analysis. Protein expression was tested by Western blotting with M2 anti-FLAG antibody or, for VEGF-D, with a mAb that targets the VHD (MAB2861, R&D Systems). Proteins were purified from conditioned media by affinity chromatography on M2 (anti-FLAG) gel as described previously (25). Equal volumes of conditioned media containing VEGF-D Δ N Δ C variants that were not tagged with the FLAG peptide were concentrated to the same final volume and buffer exchanged into PBS using an Amicon size exclusion centrifugal filter with a 10 kDa Nominal Molecular Weight Limit (Millipore, Billerica, MA, USA). The purity and concentrations of VEGF-C and VEGF-D variants were determined by Coomassie Brilliant Blue staining (see Supplementary Figure 1) and/or Western blotting compared to VEGF-C or VEGF-D standards of known concentration. Densitometry was performed using an Odyssey Infrared Imaging System (LI-COR Biosciences, Lincoln, NE, USA).

Western blotting—Variants of VEGF-D Δ N Δ C were resolved by SDS-PAGE, transferred to nitrocellulose membrane, probed with M2 anti-FLAG antibody (Sigma Aldrich, St. Louis, MO, USA) or mAb 286 labelled with 800 IRDye® according to manufacturer's instructions (LI-COR Biosciences, Lincoln, NE, USA), and detected with an Odyssey Infrared Imaging System. SDS-PAGE was carried out under reducing and denaturing conditions. Western blotting analysis to detect receptor phosphorylation was as described previously (62). For all Western blot panels shown in figures, each experiment was performed at least three times, and the same

effects shown in blots were observed each time the experiments were conducted.

ELISAs for peptide screening and analyses of ligand binding by antibodies and receptors—For screening a synthetic biotinylated peptide library encompassing the VHD of VEGF-D (38), streptavidin high-binding-capacity coated plates (Reacti-Bind™, Pierce, Rockford, IL, USA) were incubated with 10 pmol of each peptide in PBS. Peptides were then blocked with 1% BSA in PBS containing 0.1% Tween 20, and incubated with 100 µl of either mAb 286 or M2 anti-FLAG antibody (2 µg/ml) for 1 hour at room temperature (RT). Bound mAb was detected with goat anti-mouse IgG coupled with horse-radish peroxidase (HRP). Background was defined as signal detected in the absence of both antibody and peptide.

For analysis of binding of mAb 286 to VEGF-DΔNΔC variants, microtitre plates (Linbro®/Titertek®, ICN Biomedicals Inc., Aurora, OH, USA) were coated with mAb 286 at 5 µg/ml in 100 mM carbonate buffer pH 9.5, then blocked with 1% BSA in PBS-0.1% Tween 20, and incubated with 100 µl of serum-free cell culture media containing 100 ng of VEGF-DΔNΔC variants for 1 h at RT. Bound VEGF-DΔNΔC was detected with an anti-VEGF-D antibody designated VD1 (39) coupled with HRP.

For testing receptor binding, microtitre plates were coated with human VEGFR-2- or VEGFR-3-Fc chimeras at 0.5 µg/ml in 100 mM carbonate buffer pH 9.5, then blocked with 1% BSA in PBS-0.1% Tween 20, and incubated with 100 µl of PBS containing 20 ng of purified VEGF-C or VEGF-D variants for 1 h at RT. Bound ligands were detected with M2-HRP (Sigma-Aldrich, St. Louis, MO, USA) at 2 µg/ml for 1 h at RT. Assays were developed with an ABTS substrate system (Zymed, Carlsbad, CA, USA) or with PrestoBlue™ Cell Viability Reagent (Invitrogen) and quantified by monitoring absorbance according to manufacturers' instructions.

Bioassays for binding and cross-linking of extracellular domains of VEGFR-2 or VEGFR-3—Bioassays employed cell lines expressing chimeric receptors consisting of the entire extracellular domain of mouse VEGFR-2 or human VEGFR-3 and the trans-membrane and cytoplasmic domains of the mouse erythropoietin receptor (25,63).

Binding and cross-linking of the chimeric receptors allows these cells to survive and proliferate in the absence of interleukin-3 (IL-3). Bioassays with VEGF-C and VEGF-D variants were conducted as described previously (25,64) except that the ligand concentration was 200 ng/ml (unless specified otherwise) and DNA synthesis or proliferation of cells was monitored using ³H-thymidine (65), or a ViaLight Plus Kit (Lonza, Basel, Switzerland) or Presto Blue™ Cell Viability Reagent (Invitrogen, Carlsbad, CA, USA) according to manufacturers' protocols. For some assays, mAbs VD1 and VD4 were included as controls.

Receptor phosphorylation assays—Phosphorylation of VEGFR-2 and VEGFR-3 on adult LECs (AdLECS, Lonza, Basel, Switzerland) treated with VEGF-C or VEGF-D variants at 200 ng/ml was analysed as previously described (62).

Quantitative RT-PCR to analyse COX-2 mRNA—AdLECS were serum-starved overnight, then exposed to VEGF-C or VEGF-D variants (at 100 ng/ml, unless stated otherwise) prior to isolation of total RNA using an RNeasy Mini Kit (Qiagen, Valencia, CA, USA), and preparation of cDNA with a High-Capacity cDNA Reverse Transcription Kit (Thermo Fisher Scientific, Waltham, MA, USA) using 1 µg of total RNA. Quantitation of cDNA for COX-2 and the internal reference gene (*β-actin*) was carried out with a TaqMan Fast Universal PCR Master Mix using an Applied Biosystems 7500 Fast Real-Time PCR machine (both from Thermo Fisher Scientific). TaqMan gene expression assays for COX-2 (HS00153133-M1) and *β-actin* (HS99999903_M1) were from Applied Biosystems (Thermo Fisher Scientific). Each reaction was done in triplicate and all samples were analyzed using StepOne™ Software v2.2 (Thermo Fisher Scientific). Quantitation of COX-2 mRNA after treatment of cells with growth factors, relative to untreated control cells, was determined by the ΔCT method. Data are presented as mean \pm SD of three independent experiments, and statistical analysis was with the Student's *t* test.

Cell migration assay—The migration of neonatal human dermal lymphatic microvascular endothelial cells (Clonetics, HMVEC-dLyNeo, Lonza) was assessed in a scratch wound assay. Cells were cultured in EGM™-2MV growth

medium (Lonza) with 5% FBS and supplements according to manufacturer's instructions in humidified 5% CO₂ at 37°C. Cells (1×10^4) were seeded in 96-well clear-bottom imaging plates (Greiner Bio One, Frickenhausen, Germany) coated with 5 µg/ml fibronectin and grown to confluency. Prior to scratch wounding of the monolayer, cells were stained with Celltracker™ Green CMFDA (Invitrogen, Thermo Fisher Scientific) for 45 min at 37°C, and a 96-pin wounding device (V&P Scientific, San Diego, CA, USA) was used to create a uniform scratch (~0.5 mm x 5 mm). Immediately post-wounding, variants of VEGF-C and VEGF-D (200 ng/ml) in EBM-2 basal medium (Lonza) supplemented with 2% FBS were added to the cells and each well was imaged using a BD Pathway 435 high-throughput bio-imager (BD Biosciences, Franklin Lakes, NJ, USA). The entire wound was captured using a 2 × 1 montage with a Nikon 4× objective. After 24 hours, cells were fixed with 4% paraformaldehyde (ProSciTech, Thuringowa, Queensland, Australia), blocked and permeabilised in PBS containing 0.2% Triton-X and 2% BSA, stained with Phalloidin Alexa 488 (Invitrogen, Thermo Fisher Scientific) and imaged as above. Captured images were exported to Metamorph® (Molecular Devices, Sunnyvale, CA, USA) or to FIJI (66) image processing software packages for analysis of wound closure using custom-designed macros.

Cell proliferation assays—AdLECs were grown to 90% confluence and starved overnight in EGM™-2MV growth medium (Lonza) containing 2% FBS, 50 µg/ml Gentamicin and 2.5 µg/ml Amphotericin B. Cells were trypsinized, counted and approximately 1.5×10^4 cells were resuspended in 100 µl of medium containing VEGF-C or VEGF-D variants at 200 ng/ml. Cells were plated on wells of a clear-bottom 96-well microplate (BD Biosciences) that had been coated with 5 µg/ml fibronectin and then incubated for four days. Cells were replenished at the two-day

time-point with medium containing VEGF-C or VEGF-D variants. Cell proliferation was determined using CellTiter96®AQ_{ueous} One Solution Cell Proliferation Assay Reagent (Promega, Madison, WI, USA) as described by the manufacturer.

Delivery of VEGF-D variants in vivo—Dermal delivery of purified VEGF-D variants in Matrigel plugs was performed essentially as documented (67) except that purified VEGF-D variants (1 µg) in 20 µl of PBS were mixed with 30 µl of Matrigel prior to injection (i.e. the variants were at 20 µg/ml in the injection solution). VEGF-D variants were injected subcutaneously every 24 h for 3 days.

Mice—SCID/NOD mice (8-week old females) were from the Australian Resource Centre (Perth, WA, Australia). Experiments were conducted according to ethical guidelines of the National Health and Medical Research Council of Australia and the Animal Ethics Committee of the Peter MacCallum Cancer Centre.

Structural prediction of mAb 286 binding-site in N-terminal α-helix of mature VEGF-D—The structure of the N-terminal α-helix (₉₃FYDIETLKVIDEEWQ₁₀₇) in human mature VEGF-D (presented in Figure 2A), including the mAb 286 binding-site, was generated from available crystallographic data for VEGF-D (PDB:2XV7) (32), with addition and optimization of missing side chains, using PyMol (PyMOL Molecular Graphics System, Version 1.3.x Schrödinger, New York, NY, USA).

Statistical analysis—All statistical comparisons were based on one-way analysis of variance using Tukey's Post-Hoc Test with significance level (alpha) at 0.05. Statistical analyses were performed with Graph Pad Prism Version 6.07 (GraphPad Software, La Jolla, CA, USA).

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Conflict of interest: MGA and SAS are shareholders in Opthea Ltd. and are Inventors on patents assigned to Vegenics Pty. Ltd.

Author contributions: ND, NCH, MI, SR and SP-F conducted most of the experiments. ND and MGA conceived the idea for the project. ND, NCH and MGA wrote most of the paper. ND, NCH, MGA, VAS, TK, SP-F, SPW and SAS contributed to interpretation of the data and provided important intellectual content.

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FOOTNOTES

¹These authors contributed equally to the study.

²The abbreviations used are: HRP, horse-radish peroxidase; LEC, lymphatic endothelial cell; RT, room temperature; VEGF, vascular endothelial growth factor; VEGFR, VEGF receptor; VHD, VEGF homology domain.

FIGURE LEGENDS

FIGURE 1. Neutralizing effect of mAb 286, mapping of its binding-site and analysis of binding to VEGF-D variants with mutated residues in N-terminal α -helix. **A.** The capacity of mAb 286 to block binding and cross-linking, by VEGF-D Δ N Δ C, of chimeric receptors containing VEGFR-2 (left) or VEGFR-3 (right) extracellular domains was assessed in bioassays (see Experimental Procedures). Also included were neutralizing mAb VD1, that binds loop 2 of VEGF-D Δ N Δ C, and mAb VD4 that binds, but does not neutralize, VEGF-D Δ N Δ C (39). **B.** Peptide-based mapping of mAb 286 binding-site in VEGF-D Δ N Δ C by ELISA (see Experimental Procedures). The ratio of signal to background for interaction of mAb 286 with immobilised peptides is shown on the y-axis of the graph and the x-axis defines identifier numbers of peptides. Upper box above graph: amino acid sequence for VEGF homology domain of human VEGF-D – N-terminal residue (phenylalanine) is number 89 and C-terminal residue (arginine) is 205. Lower box above graph: examples of peptides used in mapping (mAb 286 binding-site is in rectangle). FLAG sequence is shown in bold in peptide 36, which lacks VEGF-D-derived sequence, and was the negative control. **C.** Detection of VEGF-D Δ N Δ C variants by Western blot under reducing and denaturing conditions using mAb 286 (top) or M2 anti-FLAG mAb as positive control (bottom). Each well contained 30 ng of purified protein. “VEGF-D” denotes VEGF-D Δ N Δ C, and variants of this protein each have one residue mutated to alanine, as indicated. Positions of molecular weight markers (in kDa) are shown to the left. Histogram under the blots shows intensities of bands for VEGF-D variants (mean \pm standard deviation) relative to the intensity of the band for VEGF-D Δ N Δ C, as determined from Western blots with mAb 286. **D.** Analysis of mAb 286 binding to VEGF-D Δ N Δ C variants by ELISA. M2 was used for capture and mAb 286 for detection; y-axis shows binding of variant proteins compared to VEGF-D Δ N Δ C (the latter defined as 100% binding), and x-axis lists VEGF-D variants. Equal amounts of VEGF-D Δ N Δ C and variants were used. For A, B and D, assays were conducted three times – columns denote mean and error bars denote standard deviation.

FIGURE 2. Interaction of VEGFR-2 and VEGFR-3 with VEGF-D Δ N Δ C variants. **A.** Representation of structure for part of the N-terminal α -helix (₉₃FYDIETLKVIDEEWQ₁₀₇) in human mature VEGF-D with mAb 286 binding-site shown in red. **B.** Analysis of binding of VEGF-D Δ N Δ C variants to VEGFR-2 (left) and VEGFR-3 (right) by ELISA (see Experimental Procedures). Y-axes show binding of variant proteins compared to VEGF-D Δ N Δ C (the latter defined as 100%), and x-axes define the mutated amino acid in each variant. The same amount of each VEGF-D Δ N Δ C variant was used. “VEGF-D” denotes VEGF-D Δ N Δ C. Assays were conducted three times – columns show the mean and error bars denote standard deviation. **C.** Bioassays for binding and cross-linking of the extracellular domains of VEGFR-2 (left) and VEGFR-3 (right) by VEGF-D Δ N Δ C variants. The same amount of each VEGF-D Δ N Δ C variant was used in each assay. Results are expressed as percentage of fluorescence units generated by VEGF-D Δ N Δ C variants relative to VEGF-D Δ N Δ C (y-axes). X-axes define the mutated amino acid in each variant. Assays were conducted five times – columns show mean and error bars denote standard deviation. **D.** Receptor phosphorylation induced by selected VEGF-D Δ N Δ C variants. Adult LECs were stimulated with matched quantities of VEGF-D Δ N Δ C or its variants or left unstimulated (No GF). Lysates were immunoprecipitated with an antibody against VEGFR-2 (left) or VEGFR-3 (right) and analysed by reducing SDS-PAGE and Western blotting with an antibody against phosphotyrosine (pY) to assess activation of receptors (top blot in each pair), or with an antibody against VEGFR-2 (bottom blot in each pair on the left), or VEGFR-3 (right bottom blot) to confirm the presence of each receptor. VEGFR-2 migrated predominantly at ~230 kDa whereas VEGFR-3 migrated as three bands, a ~125 kDa cleaved form, and two uncleaved forms of ~175 kDa and ~195 kDa that differ in degree of glycosylation. Sizes of molecular weight markers (in kDa) are shown to the left of panels. Dotted lines indicate where irrelevant tracks have been excised from images.

FIGURE 3. Receptor binding and activation by untagged VEGF-D variants. **A.** Bioassays for binding and cross-linking of extracellular domains of VEGFR-2 (left) and VEGFR-3 (right) with altered versions of VEGF-D Δ N Δ C, Y94A, K100A and I102A lacking FLAG tag. The same amount of each VEGF-D Δ N Δ C variant was used. Results are expressed as percentage of fluorescence units generated relative to untagged VEGF-D Δ N Δ C (y-axis). “VEGF-D” denotes the untagged form of VEGF-D Δ N Δ C. Assays were conducted three times – columns show mean and error bars denote standard deviation. Asterisks indicate statistically significant differences as assessed by one-way analysis of variance with Tukey’s Post-Hoc Test. **B.** Adult LECs were stimulated with matched quantities of untagged variants or left unstimulated (No GF). Lysates were immunoprecipitated with antibody against VEGFR-2 (left) or VEGFR-3 (right) and analysed by reducing SDS-PAGE and Western blotting with antibody against phospho-tyrosine to assess receptor activation (top blots), or with antibody against VEGFR-2 (left bottom blot) or VEGFR-3 (right bottom blot) to confirm presence of each receptor. Sizes of molecular weight markers (in kDa) are shown to the left of panels.

FIGURE 4. Effects of mutating residues in N-terminal α -helices of VEGF-D Δ N Δ C or VEGF-C Δ N Δ C. **A.** Sequences within the N-terminal α -helices of human VEGF-D Δ N Δ C (“VEGF-D”) and VEGF-C Δ N Δ C (“VEGF-C”) (top, with identical residues underlined) with variants in which multiple residues were altered to alanine shown underneath. **B and C.** Blots show analyses of receptor phosphorylation by variants of VEGF-D Δ N Δ C and VEGF-C Δ N Δ C, respectively. **D.** Blots show analyses of receptor phosphorylation induced by VEGF-C Δ N Δ C and mutants of VEGF-C Δ N Δ C lacking residues 113 to 115 (designated Δ 3), 113 to 118 (Δ 6) and 113 to 121 (Δ 9). Graphs below blots show results of bioassays of binding and cross-linking of VEGFR-2 and VEGFR-3 extracellular domains by VEGF-C variants (data are mean percentage of fluorescence relative to VEGF-C Δ N Δ C \pm standard deviation). For blots in B-D, adult LECs were stimulated with VEGF-D Δ N Δ C, VEGF-C Δ N Δ C or their variants, or left unstimulated (No GF). Lysates were immunoprecipitated with antibody against VEGFR-2 (left-side blots) or VEGFR-3 (right-side blots) and analysed by reducing SDS-PAGE and Western blotting with antibody against phospho-tyrosine to assess receptor activation (top blots), or with antibody against VEGFR-2 (left bottom blots) or VEGFR-3 (right bottom blots) to confirm the presence of each receptor. Sizes of molecular weight markers (in kDa) are shown to the left of blots. The amounts of VEGF-D or VEGF-C variants were matched in each experiment. Dotted lines indicate where irrelevant tracks have been excised from the images. In C and D, numbers under lanes of blots represent the ratios of the intensities of phosphorylated receptor signals to intensities of total receptor signals (“[PO₄]:[Total]”) for each ligand treatment as determined by calculating the mean ratios from two independent experiments. The ratios for VEGFR-2 were derived by combining the intensities of the signals for bands in the size range of 188-230 kDa (N.B.: the lower band of ~125 kDa in the left, upper blot of panel C was not used as it likely represents co-immunoprecipitated VEGFR-3 arising from receptor heterodimers, as reported previously(68)) whereas those for VEGFR-3 are based on combining the intensities of the ~125, ~175 and ~195 kDa forms of this receptor.

FIGURE 5. Analyses of the role of N-terminal α -helices of mature VEGF-D and VEGF-C for proliferation and migration by LECs. **A.** LEC proliferation assays. Adult LECs were treated with VEGF-D Δ N Δ C (“VEGF-D”), VEGF-C Δ N Δ C (“VEGF-C”) or their variants, or left untreated (No GF); “VEGF-D+286” denotes the combination of VEGF-D Δ N Δ C and a 10-fold molar excess of mAb 286. Y-axes represent proliferation by LECs stimulated with growth factor relative to that of un-stimulated cells. X-axes denote VEGF-D variants (left) and VEGF-C variants (right) used in assays. **B.** LEC migration assay. The capacity of variant proteins to induce cell migration was assessed in a scratch wound assay. Neonatal LECs were wounded and the amount of wound closure was calculated for each variant as described in Experimental Procedures. Y-axes show migration of cells stimulated with growth factor relative to that of unstimulated cells. X-axes denote VEGF-D variants (left) and VEGF-C variants (right)

used in assays. **C.** Images of selected scratch wounds. Wounds were imaged immediately post-wounding (“T0” indicates two examples) and after 24 hours treatment with VEGF-DΔNΔC, VEGF-CΔNΔC or the 3Ala variant of each (“D3Ala” and “C3Ala”, respectively). “No GF” denotes two results after 24 hours with no growth factor. White lines indicate edges of the wounds. In A and B, the capacity of variants to activate VEGFR-2 (R2) or VEGFR-3 (R3) is indicated above the graphs, and asterisks indicate that results differ from “No GF” in a statistically significant fashion, as assessed by one-way analysis of variance with Tukey’s Post-Hoc Test. The amounts of VEGF-D or VEGF-C variants were matched in each assay.

FIGURE 6. Assessment of the D103A variant and VEGF-DΔNΔC for receptor interactions, stimulation of COX-2 expression and sprouting lymphangiogenesis. **A.** Bioassays for binding and cross-linking of extracellular domains of VEGFR-2 (left) and VEGFR-3 (right) with VEGF-DΔNΔC (“VEGF-D”) and the D103A variant of VEGF-DΔNΔC. Data points denote mean and error bars indicate standard deviation. **B.** Effect of VEGF-DΔNΔC, the D103A variant and other selected variants of VEGF-DΔNΔC (grey bars), and VEGF-CΔNΔC (“VEGF-C”) and the 3Ala variant of VEGF-C (“C3Ala”) (black bars) on level of COX-2 mRNA in adult LECs as assessed by quantitative RT-PCR (“D3Ala” denotes the 3Ala variant of VEGF-DΔNΔC). Cells were exposed to 100 ng/ml of ligands for 30 min prior to lysis for RNA preparation, as described in Experimental Procedures. COX-2 mRNA levels were normalized to β-actin and are expressed relative to the level in cells that were not treated with ligand (“No GF”). Columns show mean and error bars denote standard deviation. **C.** Titrations of VEGF-DΔNΔC and VEGF-CΔNΔC in the VEGFR-3 bioassay (left) and for the capacity to increase COX-2 mRNA levels in LECs (right). Fold increases of COX-2 mRNA are relative to cells that were not treated with growth factor. In both graphs, data points indicate the mean and error bars denote standard deviation. **D.** VEGF-DΔNΔC and the D103A variant (1 μg) were subcutaneously injected into ears of mice every 24 h for 3 days as described in Experimental Procedures; PBS was negative control. Ears were harvested and stained for lymphatics using antibody to LYVE-1 (green) – the vessels shown are predominantly initial lymphatics. A high-power image of the region within the white rectangle in the D103A image, showing three lymphatic sprouts, is below the lower-power D103A image. Red arrows indicate lymphatic sprouts, which are quantitated in the left-side graph; scale-bars indicate 50 μm. HPF denotes high-powered-field. The width of LYVE-1-positive lymphatics is quantified in the right-side graph. In both graphs, columns show mean and error bars denote standard error of the mean. In B and D, asterisks indicate statistically significant differences as assessed by one-way analysis of variance with Tukey’s Post-Hoc Test.

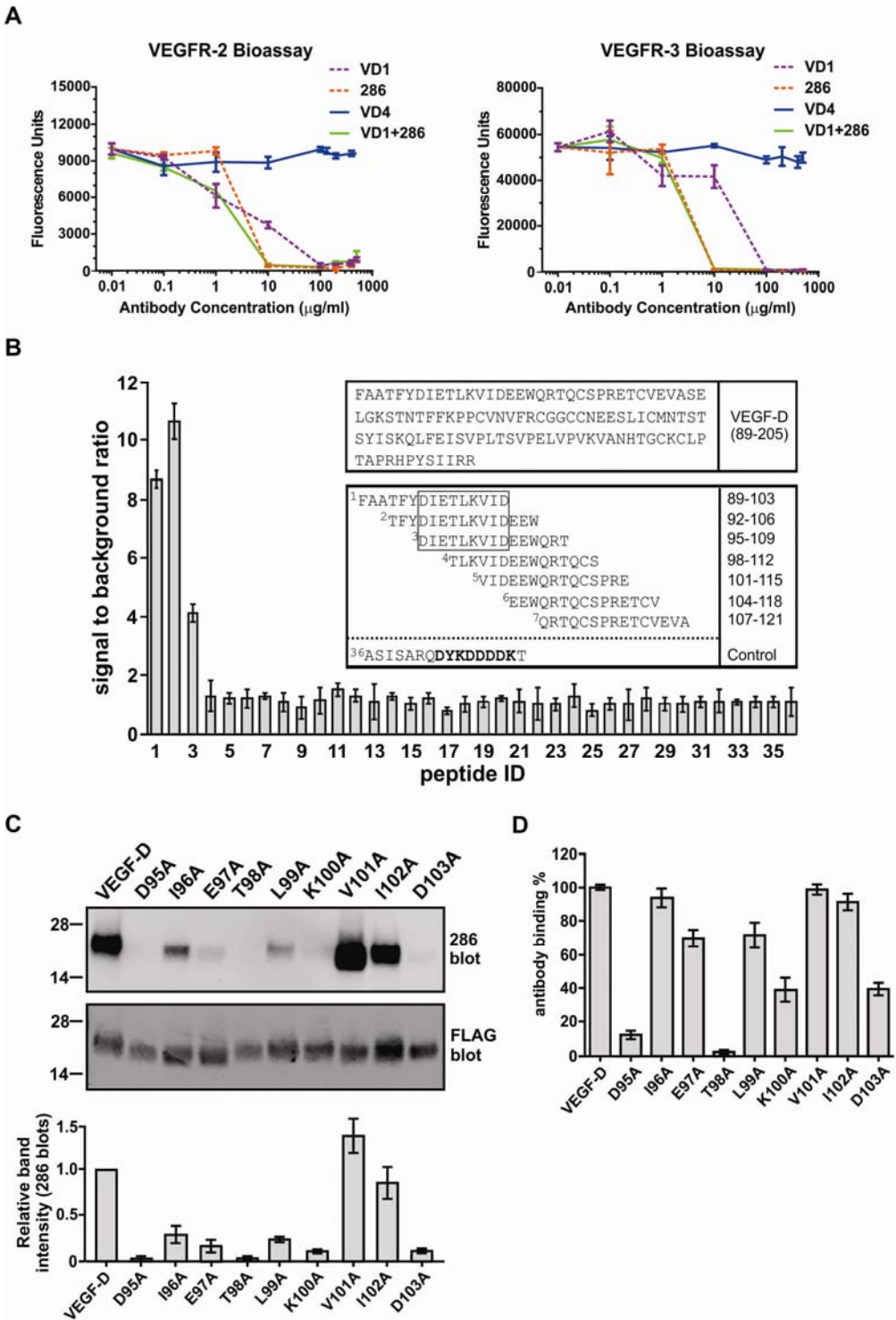


FIGURE 1

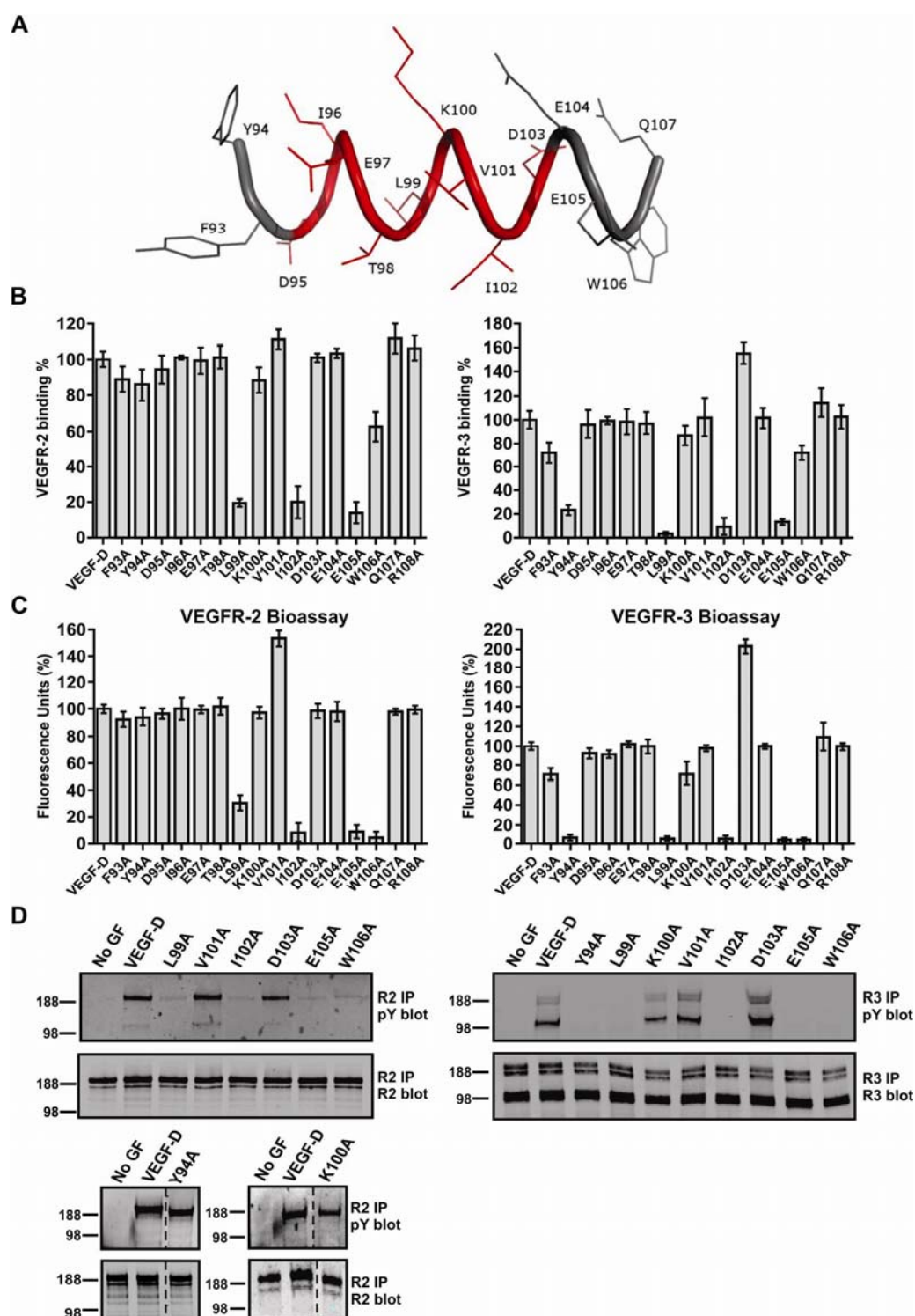


FIGURE 2

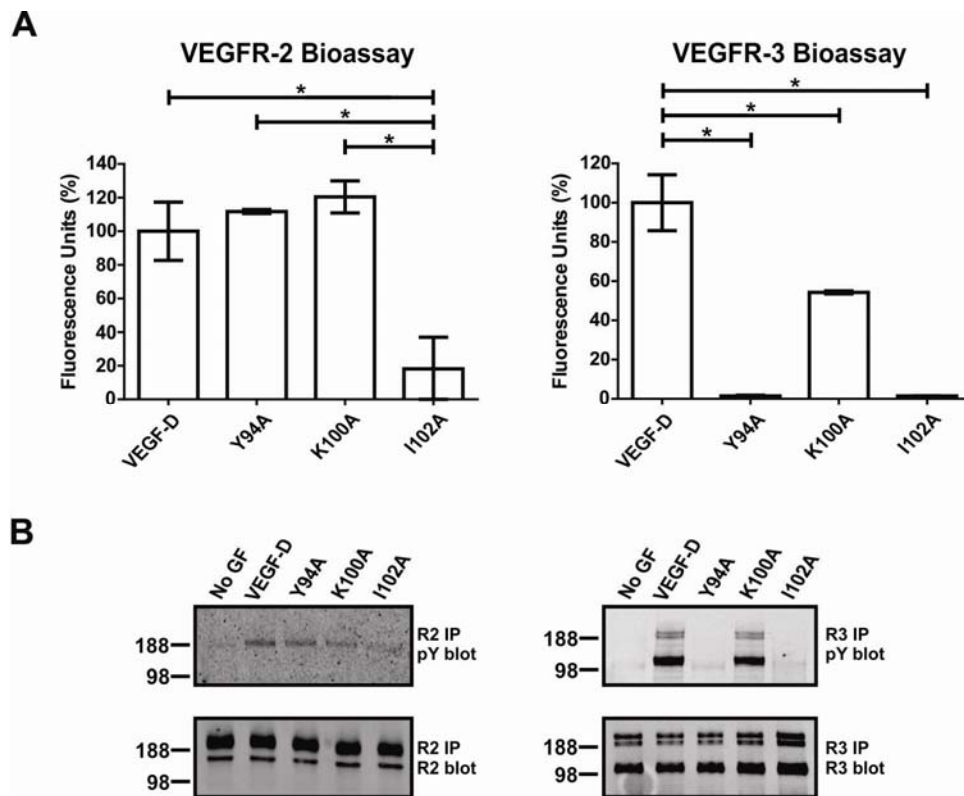


FIGURE 3

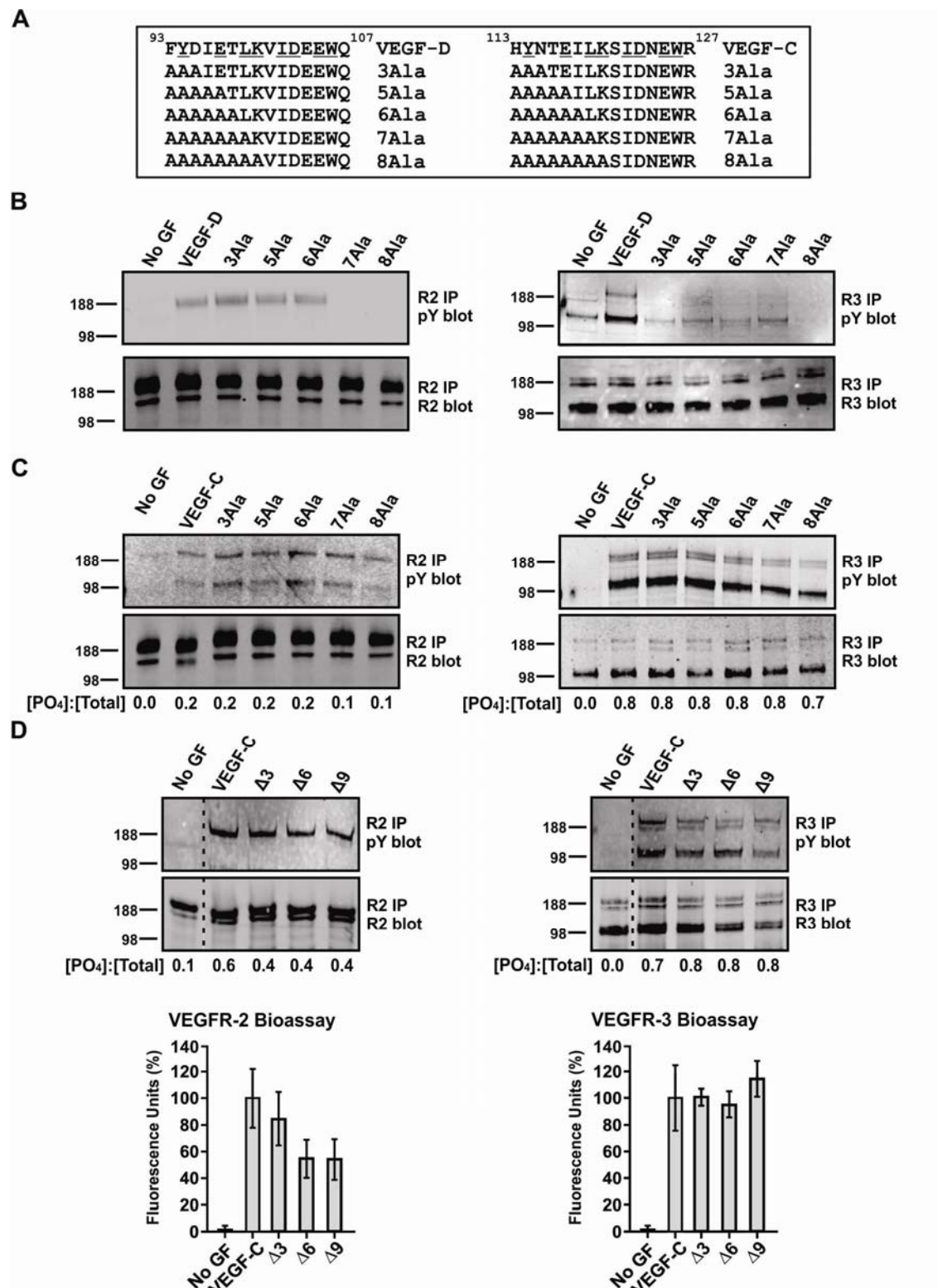


FIGURE 4

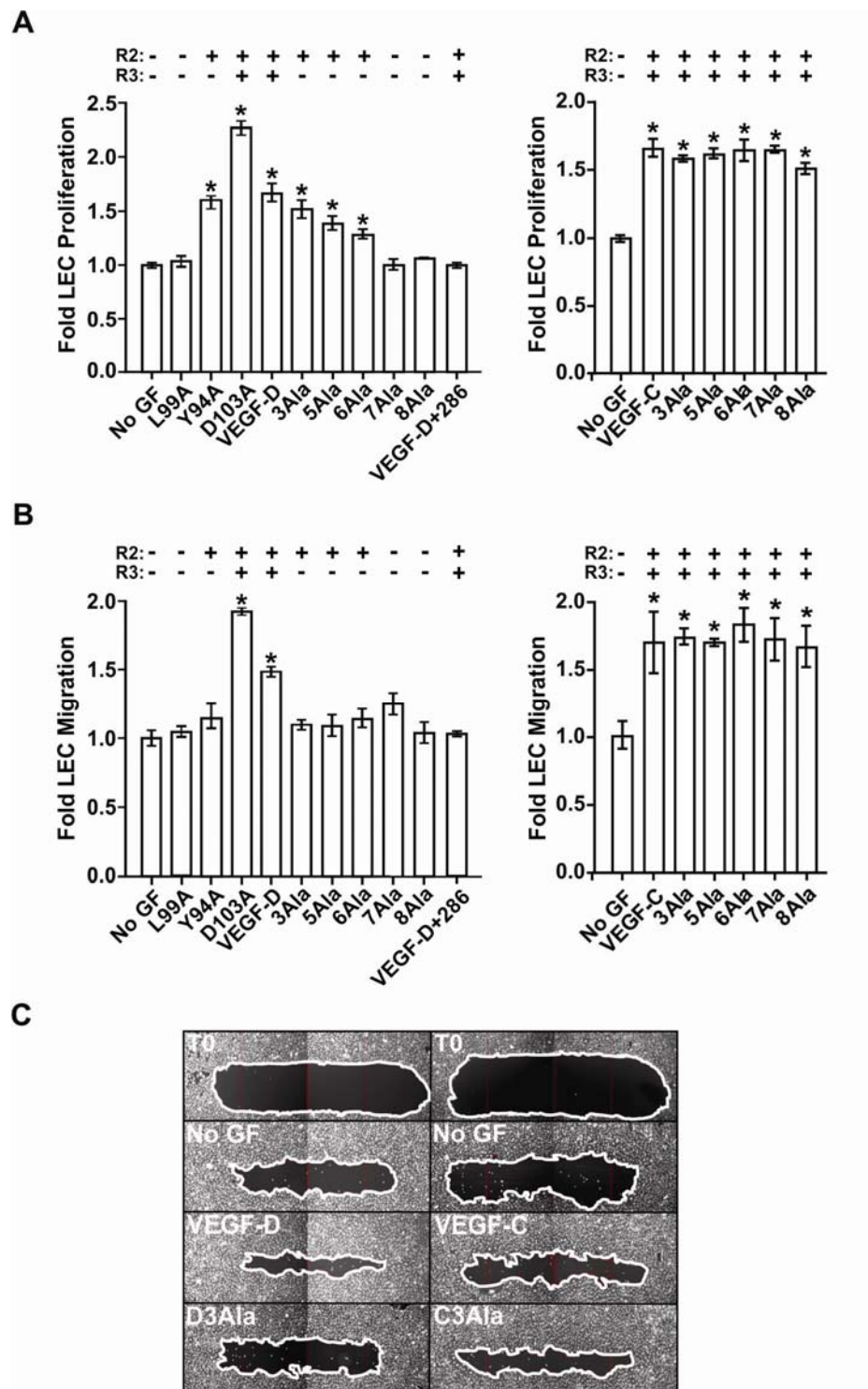


FIGURE 5

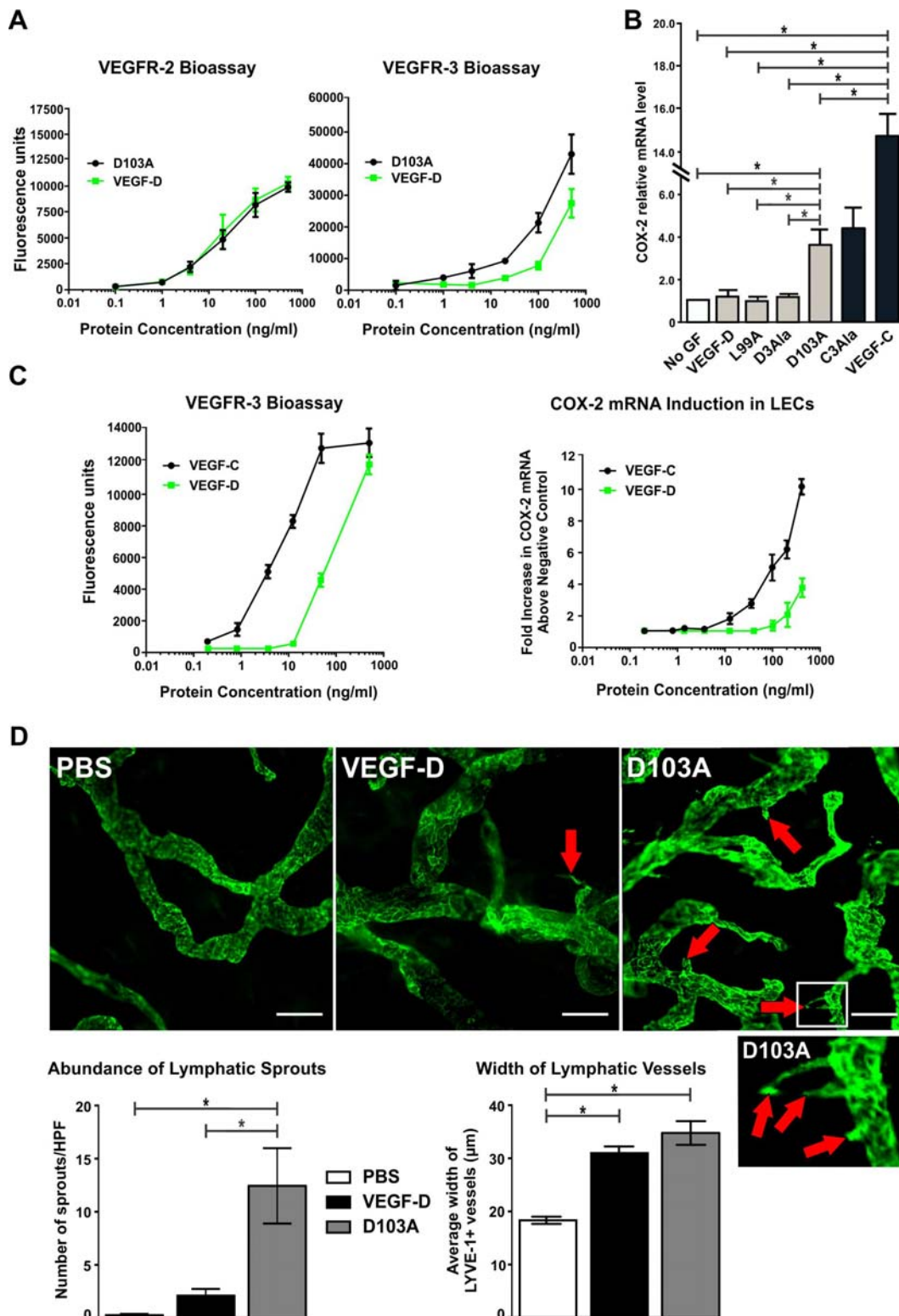
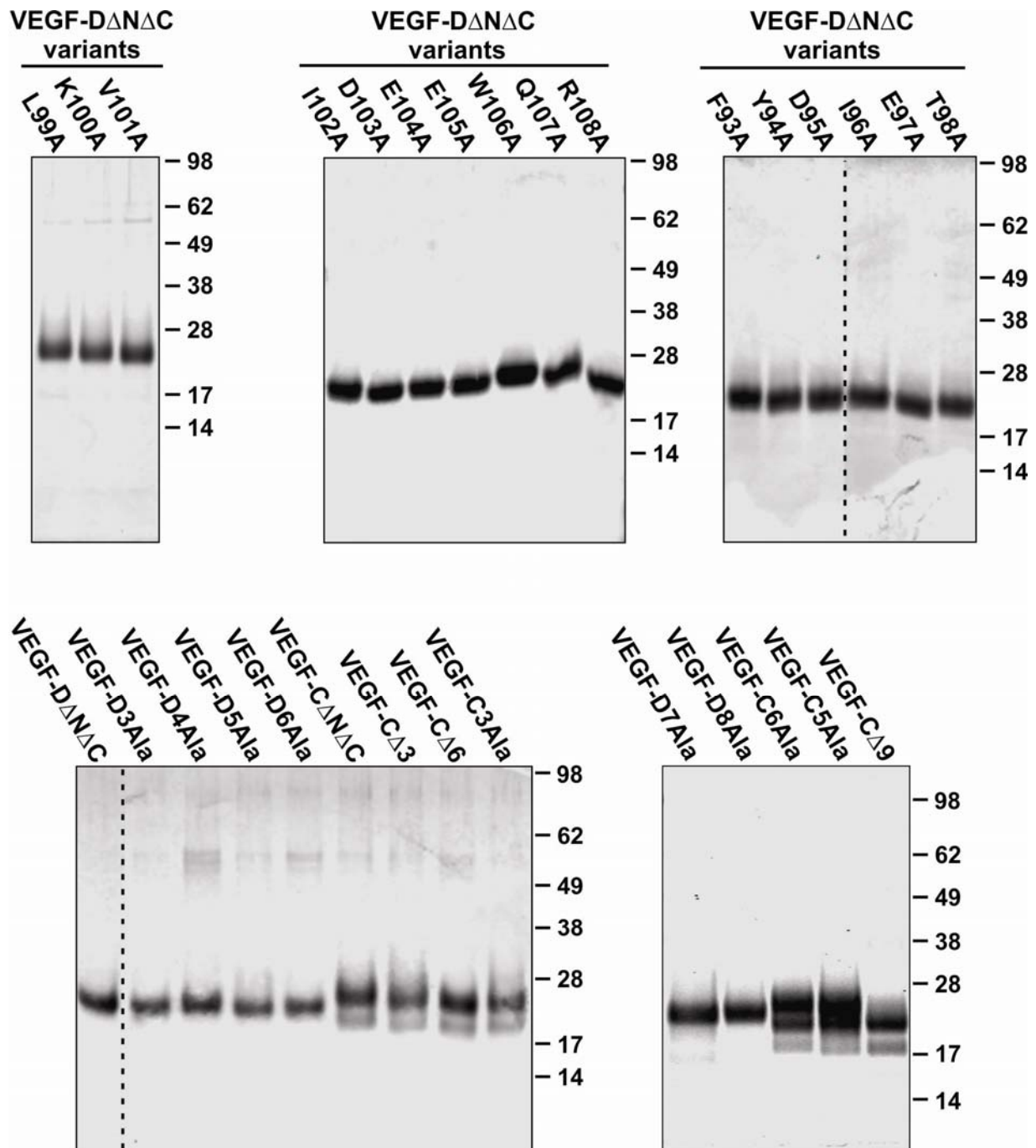


FIGURE 6

SUPPLEMENTAL INFORMATION

Differential Receptor Binding and Regulatory Mechanisms for the Lymphangiogenic Growth Factors
VEGF-C and VEGF-D

Natalia Davydova, Nicole C. Harris, Sally Roufail, Sophie Paquet-Fifield, Musarat Ishaq, Victor A. Streltsov, Steven P. Williams, Tara Karnezis, Steven A. Stacker and Marc G. Achen



Supplementary Figure 1. Analysis of purified variants of VEGF-D Δ N Δ C and VEGF-C Δ N Δ C used in this study by SDS-PAGE and Coomassie staining. Proteins (approximately 1 μ g) were subjected to SDS-PAGE under reducing conditions and stained with Coomassie Brilliant Blue. The expected sizes of the subunits of VEGF-D Δ N Δ C and VEGF-C Δ N Δ C variants are ~22 and ~24 kDa, respectively. The multiple bands detected in the 18 to 24 kDa range for variants of VEGF-C Δ N Δ C are likely due to variable degrees of glycosylation. Dotted lines indicate where irrelevant tracks have been removed from the images. Molecular weight markers in kDa are shown to the right of the images.

Supplementary Table 1. Nucleotide sequences of primers used to generate protein variants by site-directed mutagenesis.

[illegible]

¹ All proteins are tagged with the FLAG octapeptide except those indicated by "(U)" which are untagged

²For each primer pair, the first line is forward primer and the second is reverse primer.

Differential receptor binding and regulatory mechanisms for the lymphangiogenic growth factors VEGF-C and VEGF-D

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